

Index of Claims

Application/Control No.

09/853,196

Applicant(s)/Patent under Reexamination

HAJDUKIEWICZ ET AL.

Examiner

Dennis Ruhl

Art Unit

3629

<input checked="" type="checkbox"/>	Rejected
=	Allowed

<input type="checkbox"/>	(Through numeral) Cancelled
+	Restricted

<input type="checkbox"/>	Non-Elected
I	Interference

<input type="checkbox"/>	Appeal
O	Objected

Claim	Final	Original	Date
1	<input checked="" type="checkbox"/>	9/19/05	12-11-04
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31	<input checked="" type="checkbox"/>		
32			
33	<input checked="" type="checkbox"/>		
34	<input checked="" type="checkbox"/>		
35			
36			
37	<input checked="" type="checkbox"/>		
38	<input checked="" type="checkbox"/>		
39	<input checked="" type="checkbox"/>		
40	<input checked="" type="checkbox"/>		
41	<input checked="" type="checkbox"/>		
42	<input checked="" type="checkbox"/>		
43			
44	<input checked="" type="checkbox"/>		
45	<input checked="" type="checkbox"/>		
46			
47			
48	<input checked="" type="checkbox"/>		
49	<input checked="" type="checkbox"/>		
50	<input checked="" type="checkbox"/>		

Claim	Final	Original	Date
51	<input checked="" type="checkbox"/>		12-11-04
52			
53			
54			
55			
56			
57	<input checked="" type="checkbox"/>		
58	<input checked="" type="checkbox"/>		
59			
60			
61	<input checked="" type="checkbox"/>		
62			
63			
64	<input checked="" type="checkbox"/>		
65	<input checked="" type="checkbox"/>		
66	<input checked="" type="checkbox"/>		
67	<input checked="" type="checkbox"/>		
68	<input checked="" type="checkbox"/>		
69	<input checked="" type="checkbox"/>		
70			
71	<input checked="" type="checkbox"/>		
72	<input checked="" type="checkbox"/>		
73			
74			
75	<input checked="" type="checkbox"/>		
76			
77			
78	<input checked="" type="checkbox"/>		
79	<input checked="" type="checkbox"/>		
80	<input checked="" type="checkbox"/>		
81	<input checked="" type="checkbox"/>		
82	<input checked="" type="checkbox"/>		
83	<input checked="" type="checkbox"/>		
84	<input checked="" type="checkbox"/>		
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100	<input checked="" type="checkbox"/>		

Claim	Final	Original	Date
101			
102			
103			
104			
105			
106			
107			
108			
109			
110			
111			
112			
113			
114	<input checked="" type="checkbox"/>		
115			
116			
117			
118			
119			
120			
121			
122			
123			
124			
125			
126			
127			
128			
129			
130			
131			
132			
133			
134			
135			
136			
137			
138			
139			
140			
141			
142			
143			
144			
145			
146			
147			
148			
149			
150			